



AF 3700

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/318,353	
	<b>Filing Date</b>	May 25, 1999	
	<b>First Named Inventor</b>	Casagrande, C.	
	<b>Group Art Unit</b>	3722	
	<b>Examiner Name</b>	HENDERSON, M.	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket No.</b>	38916-14140

RECEIVED

OCT 18 2002

TECHNOLOGY CENTER R3700

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s): Check for \$55.00 for 1-month extension Check for \$160.00 for Notice of Appeal Postcard for Receipt
<b>Remarks:</b> <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge any additional fees in this application and any fees which may be required, or credit any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Clyde L. Smith, No. 46,292 Thompson Coburn LLP
Signature	
Date	October 7, 2002

CERTIFICATE OF FIRST CLASS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. <span style="border: 1px solid black; padding: 2px;">Date: October 7, 2002</span>			
Typed or printed name	Clyde L. Smith, No. 46,292		
Signature		Date	October 7, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.